

## **Business Change Form**

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DTO

STAFF ID

DATE

OFFICE NO.



## Amended Tax & Wage Report Washington State Employment Security Department

	AMEND ONLY ONE QUARTER PER F	ORM - YOU MAY MAKE COPIES OF THIS FORM BEFORE	USING
1)	FEDERAL ID NUMBER	2) UBI NUMBER	3) EFFECTIVE QUARTER ENDING DATE M M D D Y Y
4)	BUSINESS NAME		5) ES REFERENCE NUMBER
6)	PREPARERS INFORMATION FIRST NAME	LAST NAME	
	PHONE AREA CODE NUMBER	FAX AREA CODE NUMBER	

	Social Security #	Name of Employee	Total Hours	Total Gross Wages As Reported	Total Gross Wages Correct Amount
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

	AS REPORTED	CORRECT AMOUNT
12) TOTAL GROSS WAGES		
13) EXCESS WAGES		
14) TAXABLE WAGES		
15) UI TAX DUE FOR THIS QUARTER		
16) EAF		
17) TOTAL TAX AMOUNT DUE		
18) LATE PAYMENT PENALTY		
19) INTEREST		
20) LATE REPORT PENALTY		
21) PRIOR BALANCE OR CREDITS		
22) AMOUNT DUE		
23) AMOUNT REMITTED		

\*REASON FOR **ADJUSTMENT** (MANDATORY):

